

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

State of Wisconsin, Plaintiff

-VS-

_____, Defendant
Name _____

Date of Birth _____

DOC No. _____

**Petition
for Civil Judgment**

- ☐ Probation Revoked
☐ Probation Discharged
☐ Parole Terminated
☐ Extended Supervision Terminated

Case No. _____

Defendant's Address

I am a representative of the Department of Corrections and state:

1. The defendant was

- ☐ placed on probation and the probation has been revoked, or the defendant was discharged.
☐ sentenced to prison and the term of parole or extended supervision has terminated.

2. The defendant has failed to complete the following conditions of probation, parole, or extended supervision:

☐ Restitution: ☐ See attached

Name	Address	Amount Unpaid

☐ Supervision Fees:

Amount \$ _____

Payee: Department of Corrections, PO Box 8980, Madison, WI 53704

I request that the court grant judgment against the defendant for these unpaid conditions of probation, parole or extended supervision.

Agent

Agent Number

Name Typed or Printed

Date

DISTRIBUTION:

1. Court
2. Defendant
3. District Attorney
4. Dept. of Corrections
5. Victim(s)